

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 70

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
<b>Garber For Attorney General</b>					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First <b>Darren</b>	MI <b>J</b>	Last <b>Gagliardi</b>	Suffix		
4. TREASURER ADDRESS						
Street Address <b>43 Northwood Rd</b>		City <b>Newington</b>		State <b>CT</b>	Zip Code <b>06111</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
<b>11/02/2010</b>		<b>Attorney General</b>				
8. CANDIDATE NAME						
Title	First <b>Ross</b>	MI <b>H.</b>	Last <b>Garber</b>	Suffix		
9. TYPE OF REPORT						
<b>7th Day Preceding Primary - Original</b>						
10. PERIOD COVERED						
Beginning Date                      Ending Date						
<b>07/01/2010</b> thru <b>07/27/2010</b>						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
<b>Electronic Filing</b>		<b>Darren Gagliardi</b>		<b>08/03/2010</b>		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Garber For Attorney General</b>	Original 08/03/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$60,936.87</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$24,085.00</b>	<b>\$94,725.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D-I)	<b>\$0.00</b>	<b>\$2,000.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$24,085.00</b>	<b>\$96,725.00</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$85,021.87</b>	<b>\$96,725.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$56,858.78</b>	<b>\$68,561.91</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$28,163.09</b>	<b>\$28,163.09</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$23,953.19</b>	<b>\$31,029.65</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$57,000.65</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$57,208.60</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	<b>Subtotal Section A</b> <b>\$0.00</b>

**B. Itemized Contributions from Individuals**

Last Name Northrop	First Name Diane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0197	Amount of Contribution
Residential Street Address 122 Conestoga Way	City Glastonbury	State CT	Zip Code 06033	Date Received 07/01/2010	
Principal Occupation None	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
Last Name Coppage	First Name Timothy	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0196	Amount of Contribution
Residential Street Address 4 Muirfield Ln	City Bloomfield	State CT	Zip Code 06002	Date Received 07/01/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	
Last Name Diana	First Name Vincent	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0195	Amount of Contribution
Residential Street Address PO Box 3833	City Manchester	State CT	Zip Code 06045	Date Received 07/01/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	
Last Name Mogck	First Name Derek	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0155	Amount of Contribution
Residential Street Address 31 Alder	City Simsbury	State CT	Zip Code 06070	Date Received 07/01/2010	
Principal Occupation Shipman & Goodwin LLP	Name of Employer Attorney	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

## I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

### B. Itemized Contributions from Individuals

Last Name Russell		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0156	Amount of Contribution
Residential Street Address 22 Home Pl			City Greenwich		State CT	Zip Code 06830		Date Received 07/01/2010
Principal Occupation General Electric			Name of Employer Attorney			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Davis		First Name Benjamin		MI		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0157		Amount of Contribution	
Residential Street Address 4 Aspetuck Ln			City Weston			State CT		Zip Code 06883		Date Received 07/01/2010	
Principal Occupation Self			Name of Employer Investor			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00		

Last Name Riess		First Name Norma		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0198		Amount of Contribution	
Residential Street Address 16 Shady Ln			City Redding			State CT	Zip Code 06896		Date Received 07/02/2010		
Principal Occupation None			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		\$250.00

Last Name Merriam		First Name Dwight		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0158	Amount of Contribution       \$250.00
Residential Street Address 80 Latimer Ln		City Weatogue		State CT	Zip Code 06089		Date Received 07/02/2010	
Principal Occupation Robinson & Cole LLP		Name of Employer Lawyer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

**B. Itemized Contributions from Individuals**

Last Name Rowland	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0202	Amount of Contribution
Residential Street Address 98 Leonard Rd	City Middlebury	State CT	Zip Code 06762	Date Received 07/05/2010		
Principal Occupation Self	Name of Employer Antique Dealer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Mazza	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0203	Amount of Contribution
Residential Street Address 30 Caroline Pl	City Greenwich	State CT	Zip Code 06831	Date Received 07/06/2010		
Principal Occupation Lexus of Greenwich	Name of Employer Accountant	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Walton	First Name Beverly	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0204	Amount of Contribution
Residential Street Address 113 Marilyn Dr	City Glastonbury	State CT	Zip Code 06033	Date Received 07/07/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Becker	First Name Andrew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0207	Amount of Contribution
Residential Street Address PO Box 1056	City Middletown	State CT	Zip Code 06457	Date Received 07/07/2010		
Principal Occupation A Becker Law	Name of Employer Attorney	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Stearns</b>	First Name <b>Judith</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0208</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>53 Carriage Dr</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033</b>	Date Received <b>07/07/2010</b>		
Principal Occupation <b>Retired Educator</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Norton</b>	First Name <b>Andrew</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0209</b>	Amount of Contribution          <b>\$150.00</b>
Residential Street Address <b>94 Westchester Rd</b>	City <b>Colchester</b>	State <b>CT</b>	Zip Code <b>06415</b>	Date Received <b>07/07/2010</b>		
Principal Occupation <b>State of Connecticut</b>	Name of Employer <b>Agency Attorney</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$150.00</b>		
Last Name <b>Dranginis</b>	First Name <b>Anne</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0206</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>352 Norfolk Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>	Date Received <b>07/07/2010</b>		
Principal Occupation <b>Rome McGuigan PC</b>	Name of Employer <b>Attorney</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Rome</b>	First Name <b>Lewis</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0160</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>16 High Hill Rd</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>	Date Received <b>07/07/2010</b>		
Principal Occupation <b>Rome McGuigan, P.C.</b>	Name of Employer <b>Attorney</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		





**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

**B. Itemized Contributions from Individuals**

Last Name Finn	First Name Vauhan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0212	Amount of Contribution
Residential Street Address 54 Uplands Dr	City West Hartford	State CT	Zip Code 06107	Date Received 07/08/2010		
Principal Occupation Shipman & Goodwin LLP	Name of Employer Lawyer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Brouillard	First Name Claude	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0214	Amount of Contribution
Residential Street Address 184 Kenyon St	City Hartford	State CT	Zip Code 06105	Date Received 07/08/2010		
Principal Occupation Self	Name of Employer Lawyer/Developer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Hernandez	First Name Wendy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0215	Amount of Contribution
Residential Street Address 35 Paddock Ln	City South Glastonbury	State CT	Zip Code 06073	Date Received 07/08/2010		
Principal Occupation Open Solutions Inc	Name of Employer Chairman & CEO	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
\$200.00						
Last Name Taylor	First Name Allan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0162	Amount of Contribution
Residential Street Address 238 Whitney St	City Hartford	State CT	Zip Code 06105	Date Received 07/09/2010		
Principal Occupation Day Pitney LLP	Name of Employer Attorney	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

### B. Itemized Contributions from Individuals

Last Name Algiere		First Name Scott		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0161	Amount of Contribution
Residential Street Address 117 Nicole Dr		City South Glastonbury		State CT	Zip Code 06073		Date Received 07/09/2010	
Principal Occupation The France Foundation, Inc.		Name of Employer Chief Financial Officer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <div>\$100.00</div> <div>\$100.00</div>		

Last Name Guglielmo		First Name Anthony		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0216	Amount of Contribution
Residential Street Address 100 Stafford St		City Stafford Springs		State CT	Zip Code 06076		Date Received 07/10/2010	
Principal Occupation State Senate		Name of Employer Legislator			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Salafia		First Name Brett		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0163	Amount of Contribution
Residential Street Address 27 Jacobson Farm Rd		City East Hampton		State CT	Zip Code 06424		Date Received 07/10/2010	
Principal Occupation State of CT Division of Criminal Justice		Name of Employer Attorney			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Goldberg		First Name Thomas		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID #  0164	Amount of Contribution          \$100.00
Residential Street Address 10 White Woods Ln		City Westport		State CT	Zip Code 06880	Date Received 07/12/2010		
Principal Occupation Day Pitney LLP		Name of Employer Attorney			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions  \$100.00		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name Hayes	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0217	Amount of Contribution
Residential Street Address 1481 Pleasant Valley Rd	City Manchester	State CT	Zip Code 06042	Date Received 07/12/2010		
Principal Occupation Self	Name of Employer Developer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Reed	First Name Scott	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0218	Amount of Contribution
Residential Street Address 1255 25th St NW # 901	City Washington	State DC	Zip Code 20036	Date Received 07/12/2010		
Principal Occupation Chesapeake Enterprises	Name of Employer Lobbyist	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07142010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Altman	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0219	Amount of Contribution
Residential Street Address 2203 N Oak Ct	City Arlington	State VA	Zip Code 22209	Date Received 07/12/2010		
Principal Occupation McKenna Long & Aldridge	Name of Employer Attorney	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07142010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Salky	First Name Seven	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0220	Amount of Contribution
Residential Street Address 6214 Western Ave	City Chevy Chase	State MD	Zip Code 20815	Date Received 07/13/2010		
Principal Occupation Zuckerman Spaeder LLP	Name of Employer Lawyer	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07142010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name Heberlig	First Name Brian	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0168	Amount of Contribution
Residential Street Address 6800 Langley Springs Ct	City McLean	State VA	Zip Code 22101	Date Received 07/13/2010		
Principal Occupation Steptoe & Johnson LLP	Name of Employer Attorney		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Collins	First Name Bradford	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0222	Amount of Contribution
Residential Street Address 6 Creekside Ln	City West Hartford	State CT	Zip Code 06107	Date Received 07/13/2010		
Principal Occupation The Farmington Company	Name of Employer Owner		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Meaney	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0227	Amount of Contribution
Residential Street Address 8 Westborough Dr	City Weatogue	State CT	Zip Code 06089	Date Received 07/14/2010		
Principal Occupation Self	Name of Employer Attorney		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name MacGregor	First Name Sandra	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0169	Amount of Contribution
Residential Street Address 288 Hollister Way W	City Glastonbury	State CT	Zip Code 06033	Date Received 07/14/2010		
Principal Occupation Retired	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name Cary	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0226	Amount of Contribution
Residential Street Address 6816 Delaware St	City Chevy Chase	State MD	Zip Code 20815	Date Received 07/14/2010		
Principal Occupation William & Connelly	Name of Employer Lawyer	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07142010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Mishkin	First Name Douglas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0229	Amount of Contribution
Residential Street Address 5833 Marbury Rd	City Bethesda	State MD	Zip Code 20817	Date Received 07/14/2010		
Principal Occupation Patton Boggs	Name of Employer Lawyer	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07142010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Doyle	First Name Alison	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0230	Amount of Contribution
Residential Street Address 7676 Audubon Meadow Way	City Alexandria	State VA	Zip Code 22306	Date Received 07/14/2010		
Principal Occupation McKenna Long	Name of Employer Attorney	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07142010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Stanko	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0231	Amount of Contribution
Residential Street Address 2100 Whiteoaks Dr	City Alexandria	State VA	Zip Code 22306	Date Received 07/14/2010		
Principal Occupation Hunton & William LLP	Name of Employer Attorney	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07142010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name Rossetti	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0232	Amount of Contribution
Residential Street Address 6611 Dearborn Dr	City Falls Church	State VA	Zip Code 22044	Date Received 07/14/2010		
Principal Occupation Akin Gump	Name of Employer Attorney	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07142010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name McCormick	First Name Patrick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0233	Amount of Contribution
Residential Street Address 1232 Lake Falls Rd	City Baltimore	State MD	Zip Code 21210	Date Received 07/14/2010		
Principal Occupation Hunton & William LLP	Name of Employer Attorney	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07142010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Brown	First Name Blair	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0234	Amount of Contribution
Residential Street Address 7107 Cedar Ave	City Takoma Park	State MD	Zip Code 20912	Date Received 07/14/2010		
Principal Occupation Zuckerman Spaeder LLP	Name of Employer Attorney	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07142010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Scheininger	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0228	Amount of Contribution
Residential Street Address 10104 Snowhill Ln	City Potomac	State MD	Zip Code 20854	Date Received 07/14/2010		
Principal Occupation McKenna Long & Aldridge	Name of Employer Attorney	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07142010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		



**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Voisine		First Name Michael		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0235		Amount of Contribution	
Residential Street Address 10 Kingfisher Ln			City Suffield		State CT	Zip Code 06078		Date Received 07/15/2010				
Principal Occupation Capewell Components Co. LLC			Name of Employer President			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		

Last Name Bradley		First Name James		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0236	Amount of Contribution
Residential Street Address 111 Cherry Ln			City Fairfield		State CT	Zip Code 06724	Date Received 07/15/2010	
Principal Occupation Roger Ferris and Partners			Name of Employer Construction Consultant		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

Last Name Clark		First Name Peter		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0237	Amount of Contribution
Residential Street Address 20 Georgetown Cir		City Madison		State CT	Zip Code 06443		Date Received 07/15/2010	
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name Kurins		First Name Andris		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0238	Amount of Contribution          \$100.00
Residential Street Address 12 Sullivan Rd N		City Westport		State CT	Zip Code 06880	Date Received 07/15/2010		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name McGuigan		First Name Austin		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0239	Amount of Contribution
Residential Street Address 1 State St			City Hartford		State CT	Zip Code 06103	Date Received 07/15/2010	
Principal Occupation Rome McGuigan P.C.			Name of Employer Attorney			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

Last Name Corey		First Name Timothy		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0240		Amount of Contribution	
Residential Street Address 23 Hunter Rdg			City Rocky Hill			State CT	Zip Code 06067		Date Received 07/16/2010		
Principal Occupation Hinckley Allen & Snyder, LLP			Name of Employer Attorney				Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
\$100.00											

Last Name Bohn		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0171	Amount of Contribution
Residential Street Address 301 Umpawaug Rd		City Redding		State CT	Zip Code 06896		Date Received 07/18/2010	
Principal Occupation PUMC		Name of Employer Administrator/Legislative Liaison			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	\$500.00

Last Name Wilcox		First Name Margaret		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0174	Amount of Contribution
Residential Street Address 8 Aspen Dr			City South Glastonbury		State CT	Zip Code 06073	Date Received 07/19/2010	
Principal Occupation Coldwell Banker			Name of Employer Realtor			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Kosowsky		First Name John		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0175	Amount of Contribution
Residential Street Address 85 Willoughby Rd		City Shelton		State CT	Zip Code 06484		Date Received 07/19/2010	
Principal Occupation J. Allen Kosowsky, CPA, PC		Name of Employer CPA			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	\$500.00

Last Name Proto		First Name Benjamin		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0242		Amount of Contribution	
Residential Street Address 2090 Cutspring Rd			City Stratford			State CT		Zip Code 06614		Date Received 07/19/2010	
Principal Occupation Self			Name of Employer Attorney			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	
\$200.00											

Last Name Anderson		First Name Charles		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0241	Amount of Contribution       \$400.00
Residential Street Address 46 Brookview Ct		City Norwalk		State CT	Zip Code 06340	Date Received 07/19/2010		
Principal Occupation Waller Smith & Palmer		Name of Employer Lawyer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions  \$400.00		

Last Name Brenner		First Name Peter		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0172	Amount of Contribution
Residential Street Address 16 Wardwell Rd		City West Hartford		State CT	Zip Code 06107		Date Received 07/19/2010	
Principal Occupation Self		Name of Employer Mediator/Arbitrator			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00









**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

**B. Itemized Contributions from Individuals**

Last Name Farnen	First Name Brian	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0194	Amount of Contribution
Residential Street Address 511 Riverside Dr	City Fairfield	State CT	Zip Code 06824	Date Received 07/27/2010		
Principal Occupation Sikorsky Aircraft	Name of Employer Attorney		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Daniels	First Name Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0251	Amount of Contribution
Residential Street Address 112 Quail Run	City Glastonbury	State CT	Zip Code 06033	Date Received 07/27/2010		
Principal Occupation Robinson & Cole LLP	Name of Employer Attorney		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name DeAngelo	First Name Vincent	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0192	Amount of Contribution
Residential Street Address 4 Pia Ln	City Simsbury	State CT	Zip Code 06070	Date Received 07/27/2010		
Principal Occupation Offices of Vincent DeAngelo, Attorney	Name of Employer Attorney		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Harkins	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0193	Amount of Contribution
Residential Street Address 71 Horace St	City Stratford	State CT	Zip Code 06614	Date Received 07/27/2010		
Principal Occupation Self	Name of Employer Real Estate Appraiser		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

### B. Itemized Contributions from Individuals

Last Name O'Connell		First Name James		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0185	Amount of Contribution
Residential Street Address 765 Ridge Rd		City Middletown		State CT	Zip Code 06457	Date Received 07/27/2010		
Principal Occupation Wilson-Foley for Lt. Gov		Name of Employer Campaign Manager			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

[illegible]

Last Name Feldman		First Name Joan		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0250	Amount of Contribution
Residential Street Address 273 Boulder Rd		City Manchester		State CT	Zip Code 06040		Date Received 07/27/2010	
Principal Occupation Shipman & Goodwin LLP		Name of Employer Attorney			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	\$500.00

Last Name Healy		First Name Lila		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0252	Amount of Contribution
Residential Street Address PO Box 4238			City Tubac		State AZ	Zip Code 85646		Date Received 07/27/2010
Principal Occupation None			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$2,000.00	\$2,000.00



## I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

### B. Itemized Contributions from Individuals

Last Name Devaney		First Name William		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0189	Amount of Contribution
Residential Street Address 49 Greenfield Ave		City Bronxville		State NY	Zip Code 10708	Date Received 07/27/2010		
Principal Occupation Venable LLP		Name of Employer Lawyer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name Broder		First Name Joseph		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0191	Amount of Contribution
Residential Street Address 67 E Shore Dr		City Colchester		State CT	Zip Code 06415	Date Received 07/27/2010		
Principal Occupation Self		Name of Employer Attorney			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00	
<b>Total of Section B</b>								<b>\$24,085.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>								<b>\$24,085.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE					FILING DUE DATE	
Garber For Attorney General					Original 08/03/2010	
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes      If yes, list Event # No	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
<b>Total of Section C1</b>						

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Garber For Attorney General				Original 08/03/2010
<b>C2. Reimbursements or Payments from other Committees</b>				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
<b>Total of Section C2</b>				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

**D. Loans Received this Period**

Name of Lender				Source of Loan:  Bank  Candidate  Individual  Other  Committee	Is there a cosigner or Guarantor of this loan?  Yes  No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code			
Date Received						

**Total of Section D**

<b>I. MONETARY RECEIPTS (Section A-I)</b>
-------------------------------------------

NAME OF COMMITTEE	FILING DUE DATE	
Garber For Attorney General	Original 08/03/2010	
<b>E. Personal Funds of the Candidate Received this Period</b>		
Date Received	Amount	<div style="display: flex; justify-content: space-between;"> <span>Method of Payment</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Cash</span> <span>Personal Check</span> <span>Credit/Debit Card</span> </div>
		<b>Total of Section E</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE					FILING DUE DATE
Garber For Attorney General					Original 08/03/2010
<b>F. Anonymous Contributions</b>					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
<b>Total of Section F</b>					



<b>I. Monetary Receipts (Section A-I)</b>
-------------------------------------------

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

<b>G. Interest from Deposits in Authorized Accounts</b>
---------------------------------------------------------

Name of Institution	Date Received	Total Amount Received
Street Address	City	
	State	Zip Code

<b>Total of Section G</b>	
---------------------------	--

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			FILING DUE DATE
Garber For Attorney General			Original 08/03/2010
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary                      General or Special Election	Primary                      General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary                      General or Special Election		
<b>Total of Section H</b>			

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE			FILING DUE DATE	
Garber For Attorney General			Original 08/03/2010	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
<b>Total of Section I</b>				

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

### J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 07/14/2010	Letter A	Cocktail Event	1900 K St NW	Washington	DC 20006

Was this fundraising event hosted at a personal residence?

☐

Yes

☒

No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?

☐

Yes

☒

No

Was this fundraiser a tag sale, auction, or other sale of donated items?

☐

Yes

☒

No

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

### J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser      Last Name <i>(Individuals ONLY)</i>	First Name	MI	Method of payment: Cash                      Personal Check                      Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
<b>Total of Section J2</b>						

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

### J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by:		Fair Market Value of Donation
				Individual	Business Entity	
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation			Date Received	Event #		
<b>Total of Section J3</b>						

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

#### K. In-Kind Contributions

Name				Date Received	Fair Market Value of this Contribution	
Street Address		City	State			Zip Code
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Yes No
Individual Committee						
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	
<b>Total of Section K</b>						

### III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

### L. Refundable Deposit to Telephone Company

Last Name ( Individuals Only )	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
<b>Total of Section L</b>				



### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Garber For Attorney General				Original 08/03/2010	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A          B          C          D          E			
Total of Section M					

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Garber For Attorney General						Original 08/03/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Johnston Consulting, Inc.					07/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1003		
97 State St	Montpelier	VT	05602	CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #		\$6,000.00
Fees Paid to Fundraising Management Consultant, June & July 2010							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
Piryx, Inc.					07/02/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1003		
401 W 15th St Ste 520	Austin	TX	78701	WEB	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		\$207.00
Fees for Online Contribution Management							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
Piryx, Inc.					07/06/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1003		
401 W 15th St Ste 520	Austin	TX	78701	WEB	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		\$33.75
Fees for Online Contribution Management							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## N. Expenses Paid By Committee

Name of Payee Pirya, Inc.					Date of Payment 07/07/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$29.25
Street Address 401 W 15th St Ste 520	City Austin	State TX	Zip Code 78701	Purpose of Expenditure WEB	<input checked="" type="checkbox"/> Debit Card		
Description Fees for Online Contribution Management					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee The Prince Group					Date of Payment 07/07/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$7,000.00
Street Address 42 Lake Avenue Ext	City Danbury	State CT	Zip Code 06811	Purpose of Expenditure CNSLT	<u>1004</u> <input type="checkbox"/> Debit Card		
Description Fees Paid to Campaign Consultant					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee The Prince Group					Date of Payment 07/07/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$740.00
Street Address 42 Lake Avenue Ext	City Danbury	State CT	Zip Code 06811	Purpose of Expenditure CNSLT	<u>1005</u> <input type="checkbox"/> Debit Card		
Description Fees Paid to Campaign Consultant					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## N. Expenses Paid By Committee

Name of Payee Quality Communications					Date of Payment 07/07/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1006</u>	Amount          \$3,360.00
Street Address PO Box 633	City Hartford	State CT	Zip Code 06142	Purpose of Expenditure A-DM	<input type="checkbox"/> Debit Card		
Description Purchase of Targeted Mailing Lists (balance)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee John Fluharty					Date of Payment 07/08/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1008</u>	Amount          \$4,000.00
Street Address 2125 14th St NW	City Washington	State DC	Zip Code 20036	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description Fees Paid to Campaign Management Consultant					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Verizon Wireless					Date of Payment 07/08/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1007</u>	Amount          \$353.35
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212	Purpose of Expenditure EFV *	<input type="checkbox"/> Debit Card		
Description Wireless Telephone Services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Piryx, Inc.					07/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
401 W 15th St Ste 520		Austin	TX	78701	WEB		
Description						Event #	
Fees for Online Contribution Management							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div>							
Other Candidate(s) Name						Office Sought	\$4.50

Name of Payee					Date of Payment	Method of Payment	Amount
Piryx, Inc.					07/09/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
401 W 15th St Ste 520		Austin	TX	78701	WEB		
Description						Event #	
Fees for Online Contribution Management							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div>							
Other Candidate(s) Name						Office Sought	\$121.50

Name of Payee					Date of Payment	Method of Payment	Amount
Piryx, Inc.					07/12/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
401 W 15th St Ste 520		Austin	TX	78701	WEB		
Description						Event #	
Fees for Online Contribution Management							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div>							
Other Candidate(s) Name						Office Sought	\$306.00

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Piryx, Inc.					07/13/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
401 W 15th St Ste 520		Austin	TX	78701	WEB		
Description						Event #	
Fees for Online Contribution Management							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$252.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Piryx, Inc.					07/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
401 W 15th St Ste 520		Austin	TX	78701	WEB		
Description						Event #	
Fees for Online Contribution Management							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$15.75							
Name of Payee					Date of Payment	Method of Payment	Amount
Hunton & Williams					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
1900 K St NW		Washington	DC	20036	FNDR		
Description						Event #	
Fees for Rental Equipment for 20100714 Fundraiser						07142010A	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$213.93							



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
The Koslow Group				07/19/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
22714 Dexter House Ter	Ashburn	VA	20148	A-WEB		
Description					Event #	
Expenses for Virtual Town Hall Event, held online						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No       </div>						
						\$6,200.00

Name of Payee					Date of Payment	Method of Payment	Amount
Lorraine Marchetti					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1012</u>		
42 Steep Holw	Glastonbury	CT	06033	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Reimbursement for Expenses through 20100630							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$2,254.24

Name of Payee					Date of Payment	Method of Payment	Amount
Bank of America					07/20/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
185 Asylum St	Hartford	CT	06103	BNK			
Description						Event #	
Fee to Wire Transfer Funds to Consultant							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$10.00



## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## N. Expenses Paid By Committee

Name of Payee Piryx, Inc.					Date of Payment 07/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$13.50
Street Address 401 W 15th St Ste 520	City Austin	State TX	Zip Code 78701	Purpose of Expenditure WEB	<input checked="" type="checkbox"/> Debit Card		
Description Fees for Online Contribution Management					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Revolution Media Group, LLC					Date of Payment 07/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$23,611.79
Street Address 1090 Vermont Ave NW Ste 230	City Washington	State CT	Zip Code 20005	Purpose of Expenditure A-DM	<input checked="" type="checkbox"/> Debit Card		
Description Printing and Mailing of Direct Mail Advertising					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Piryx, Inc.					Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$4.50
Street Address 401 W 15th St Ste 520	City Austin	State TX	Zip Code 78701	Purpose of Expenditure WEB	<input checked="" type="checkbox"/> Debit Card		
Description Fees for Online Contribution Management					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
John Fluharty					07/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1013</u>	
2125 14th St NW		Washington	DC	20036	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Fees Paid to Campaign Management Consultant							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$900.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Piryx, Inc.					07/23/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
401 W 15th St Ste 520		Austin	TX	78701	WEB	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Fees for Online Contribution Management							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$123.75							
Name of Payee					Date of Payment	Method of Payment	Amount
Zoom Computer Consulting					07/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1014</u>	
37 Tanglewood Dr		Glastonbury	CT	06033	EFV *	<input type="checkbox"/> Debit Card	
Description						Event #	
Computer Installlation and Maintenance, previously reported							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$592.09							

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Garber For Attorney General						Original 08/03/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Pirya, Inc.					07/26/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
401 W 15th St Ste 520	Austin	TX	78701	WEB			
Description					Event #		
Fees for Online Contribution Management							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$4.50
Total of Section N						<b>\$56,858.78</b>	

#### IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Garber For Attorney General						Original 08/03/2010		
O. Campaign Expenses Paid By Candidate								
Name of Payee Southwest Airlines					Date of Payment 07/13/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 2702 Love Field Dr			City Dallas		State TX	Zip Code 75235		
Purpose of Expenditure TRVL		Description Airfare to/from Fundraiser and Conference (Ross Garber, John Fluharty)				Event # 07142010A		
								\$341.40
Name of Payee Revolution Media Group, LLC					Date of Payment 07/21/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 1090 Vermont Ave NW Ste 230			City Washington		State CT	Zip Code 20005		
Purpose of Expenditure A-DM		Description Printing and Mailing of Direct Mail Advertising				Event #		
								\$23,611.79
Total of Section O								\$23,953.19

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Garber For Attorney General					Original 08/03/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa      Master Card      Discover      American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						



## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

### Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Lorraine Marchetti		Date Incurred 07/09/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw	City Glastonbury	State CT	Zip Code 06033		
Purpose of Expenditure FOOD	Description Office Supplies, Staples, Glastonbury, Conn.				
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No         </div> <div style="width: 35%;">Other Candidate(s) Name</div> <div style="width: 35%;">Office Sought</div> </div>					
					\$24.85

  

Name of Creditor Enovai, Inc.		Date Incurred 07/10/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address PO Box 633	City Hartford	State CT	Zip Code 06142		
Purpose of Expenditure WEB	Description Website Design and Branding				
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No         </div> <div style="width: 35%;">Other Candidate(s) Name</div> <div style="width: 35%;">Office Sought</div> </div>					
					\$6,347.00

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Pagani Public Affairs		Date Incurred 07/11/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure CNSLT	Description Contract for Media Consulting and Messaging Strategies				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$3,000.00
Name of Creditor Lorraine Marchetti		Date Incurred 07/12/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure PRNT	Description Office Supplies, Staples, Glastonbury, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$117.49



# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Ross Garber		Date Incurred 07/13/2010	Event # 07142010A		Amount Incurred (Estimate or Actual)	
Street Address 42 Steep Holw		City Glastonbury		State CT		Zip Code 06033
Purpose of Expenditure TRVL	Description Airfare to/from Fundraiser and Conference (Ross Garber, John Fluharty)					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
		Other Candidate(s) Name		Office Sought		\$341.40

  

Name of Creditor John Fluharty		Date Incurred 07/14/2010	Event # 07142010A		Amount Incurred (Estimate or Actual)	
Street Address 42 Steep Holw		City Glastonbury		State CT		Zip Code 06033
Purpose of Expenditure TRVL	Description Travel Expenses to/from Washington, DC (John Fluharty)					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
		Other Candidate(s) Name		Office Sought		\$100.00

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Hunton & Williams		Date Incurred 07/14/2010	Event # 07142010A		Amount Incurred (Estimate or Actual)	
Street Address 42 Steep Holw		City Glastonbury		State CT		Zip Code 06033
Purpose of Expenditure FNDR	Description Fees for Food for 20100714 Fundraiser					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Creditor Hunton & Williams		Date Incurred 07/14/2010	Event # 07142010A		Amount Incurred (Estimate or Actual)	
Street Address PO Box 15062		City Albany		State NY		Zip Code 12212
Purpose of Expenditure FNDR	Description Fees for Beverages for 20100714 Fundraiser					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor John Fluharty		Date Incurred 07/21/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 42 Steep Holw		City Glastonbury		State CT		Zip Code 06033
Purpose of Expenditure A-OTH	Description Purchase of Video of Garber/Dean Debate from NBC Connecticut					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Creditor Ross Garber		Date Incurred 07/21/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 42 Steep Holw		City Glastonbury		State CT		Zip Code 06033
Purpose of Expenditure A-DM	Description Printing and Mailing of Direct Mail Advertising					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

\$51.94

\$23,611.79

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Lorraine Marchetti		Date Incurred 07/21/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 97 State St		City Montpelier	State VT	Zip Code 05602	
Purpose of Expenditure PRNT	Description Office Supplies, Staples, Glastonbury, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other Candidate(s) Name		Office Sought		\$136.25	

  

Name of Creditor Lorraine Marchetti		Date Incurred 07/21/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure PRNT	Description Office Supplies, Staples, Glastonbury, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other Candidate(s) Name		Office Sought		\$30.19	

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Lorraine Marchetti		Date Incurred 07/21/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 37 Tanglewood Dr		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure PRNT	Description Office Supplies, Staples, Glastonbury, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$140.94

  

Name of Creditor Lorraine Marchetti		Date Incurred 07/21/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 97 State St		City Montpelier	State VT	Zip Code 05602	
Purpose of Expenditure PRNT	Description Copies of Absentee Ballot Information, Town of Glastonbury Town Clerk, Glastonbury, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$20.00

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Lorraine Marchetti		Date Incurred 07/23/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 77 Kreiger Land		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure PRNT	Description Office Supplies, Staples, Glastonbury, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Creditor Lorraine Marchetti		Date Incurred 07/27/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure CNSLT	Description Fees Paid to Administrative Consultant				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Total of Section Q					\$57,000.65

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Lorraine Marchetti		Date of Payment 07/19/2010		Method of Payment <input checked="" type="checkbox"/> Check # 1012		Amount
Secondary Payee U.S. Post Office, South Glastonbury		Purpose of Expenditure POST		<input type="checkbox"/> Debit Card		
Street Address 885 Main St		City South Glastonbury		State CT		
Zip Code 06073		Event #				
Description Rental of Post Office Box						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Other Candidate(s) Name Office Sought						
Amount \$96.00						

Name of Worker/Consultant Lorraine Marchetti		Date of Payment 07/19/2010		Method of Payment <input checked="" type="checkbox"/> Check # 1012		Amount
Secondary Payee Telephone Purchase, Verizon Wireless		Purpose of Expenditure EFV *		<input type="checkbox"/> Debit Card		
Street Address 2912 Main St		City Glastonbury		State CT		
Zip Code 06033		Event #				
Description Personal Digital Assistants/Telephones						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Other Candidate(s) Name Office Sought						
Amount \$572.38						







#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Lorraine Marchetti		Date of Payment 07/19/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1012	Amount
Secondary Payee Car Phone Charger (purchase) - Veri		Purpose of Expenditure EFV *	<input type="checkbox"/> Debit Card	
Street Address 2912 Main St	City Glastonbury	State CT	Zip Code 06033	
Description Car Phone Charger			Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div> </div>				
				\$31.79

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Lorraine Marchetti	07/19/2010	<input checked="" type="checkbox"/> Check # 1012	
Secondary Payee Office Supplies, Staples, Glastonbu	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 49 Putnam Blvd	City Glastonbury	State CT	
		Zip Code 06033	
Description Office Supplies	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			\$89.06

[illegible]

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Lorraine Marchetti		Date of Payment 07/19/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1012	Amount          \$101.93
Secondary Payee Office Equipment, Staples, Glastonb		Purpose of Expenditure EFV *	<input type="checkbox"/> Debit Card	
Street Address 49 Putnam Blvd	City Glastonbury	State CT	Zip Code 06033	
Description Office Equipment			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name  Office Sought  		

Name of Worker/Consultant Lorraine Marchetti	Date of Payment 07/19/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1012	Amount          \$15.07	
Secondary Payee FedEx Kinko's, Glastonbury, Conn.	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 175 Glastonbury Blvd # 3	City Glastonbury	State CT		Zip Code 06033
Description Office Supplies				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 08/03/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Lorraine Marchetti		Date of Payment 07/19/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1012	Amount          \$161.08
Secondary Payee Office Supplies, Staples, Glastonbu		Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Street Address 49 Putnam Blvd	City Glastonbury	State CT	Zip Code 06033	
Description Office Supplies			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				

[illegible]**Total of Section R**

**\$2,254.24**

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Garber For Attorney General				Original 08/03/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				